

disABILITY LAW CENTER

OF VIRGINIA



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July 16, 2019

Commissioner Hughes Melton
Department of Behavioral Health and Developmental Services
1220 Bank St.
Richmond, VA 23219

Dear Commissioner Melton,

In January 2017, dLCV notified the State Human Rights Committee (SHRC) of what we then believed was a discharge crisis at the state hospitals. At that time, 204 individuals were clinically Ready for Discharge (RFD), yet were stuck in State Hospitals, unable to move to the community. The number was the highest in more than 2 years. The SHRC agreed. We then saw a subsequent decrease in the number of individuals waiting for discharge.

However, as of May 31, 2019, the number of individuals on DBHDS' Extraordinary Barriers to Discharge List (EBL) had reached 246. This is the greatest number of individuals we have ever seen on the EBL. It represents nearly 18% of State Hospital beds occupied by individuals who are best served in the community.

The picture painted by the most recent EBL data is a bleak one, but it is also an incomplete picture. While the number of individuals represented in the EBL is unconscionably high, the actual number of individuals eligible for the EBL may be even higher due to inconsistencies with reporting and applying discharge criteria. State facilities do not apply consistent criteria in designating individuals as "ready for discharge." For example, some facilities conflate the availability of community placements with an individual's readiness for discharge.

In October 2018, DBHDS began tracking the individual barriers to discharge, which should enable the Department to better respond to the crisis. At the same time, DBHDS stopped denoting geriatric individuals awaiting discharge in their reporting. DBHDS also stopped including individuals' admission dates in their reporting. These changes make it difficult to determine the true numbers of individuals who are ready for discharge and all of the factors that are contributing to this alarming increase in people being hospitalized long after the need has passed. In order for DBHDS (and dLCV) to fully understand the dynamics of the EBL and to develop appropriate solutions, this information must be reintegrated into EBL reporting as soon as possible.

As we state in the attached report, the only way out of the current EBL gridlock is for Virginia to invest in more robust community services to divert hospitalizations, serve unique populations, and maintain post-discharge stability. The Department must further address treatment teams' bias towards private institutions, such as nursing homes or assisted living facilities, by promoting independent living programs

like Permanent Supportive Housing, PACT, and Mental Health Skill Building. For individuals with multiple, complex diagnoses, DBHDS would be wise to invest more fully in and refine the role of REACH, the crisis system for individuals with Developmental Disabilities.

Recent public statements from your office regarding state hospital census imply that there are not enough beds in State Hospitals. The situation has been frequently mischaracterized as one can that be "solved" by adding more beds to Virginia's public institutions. The Department's resources would be far better spent bolstering community supports and ensuring individuals are timely and safely discharged from State Hospitals to avoid census crises.

Sincerely,

A handwritten signature in black ink, appearing to read "Colleen Miller", with a large, stylized flourish at the end.

Colleen Miller
Executive Director

Cc: Joint Subcommittee on Mental Health Services in the 21st Century